The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Bealth Department, City of Baltimore.

Permit No. 1850	Office of	Registrar o	f Vital Statis	tics. Ward.	1 4
The Physician who attended to the Undertaker or other person requested so to do, under penalty No Person	superintending to	he burial, within twen	ole for the presentation of ty-four hours after the CITHOUT A PROPER CE	death of said deceas	sed, or somer, i
CEF	RTIFIC	CATE	OF DEA	ATH.	
Date of Death,	Duffe.	m) to k	- July 2	8 188	7
Full Name of Deceased,	Write legibly and correctly. If an Innot named, give no of parents.	spell fant ames	is De	heitre	unff
Sex, Male or Female, {cr				/	
Age, \dots	/ Years,		Months,		Days
Color,		The	ii	1	
Married, Single, Widow	or Widower,	Cross out the words not required in this line.	}	7	
Occupation,				(
Birth Place, State or country, iong in the Unite if of foreign birth	and how) d States,	Bali	imme (é	9-	
Duration of Residence		f Baltimore,	Lufein	no	
Place of Death, Give Street	111	1 .	c (Rol	ains)	
Cause of Death, \	Primary), Co (1	dentaly,	fell in	a fit ii	i tho
Duration of Last Sickn		nysician,	····· ······		
Place of Burial, It	Elers	cern			
Date of Burial,	uly 31	1887	111/	7	
(Undertaker 76 9	ander t	fm 67	X/Du	(a Menical Attention	> M. D.
2	11 1	/		ware	7

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Matistics in the City of Baltimore.

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Business,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore.

Permit No. 1851 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sever, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

OLICITI IOM.		
Date of Death, July	1429 1881	
Full Name of Deceased, Write legibly and spell correctly. Fran Infant not named, give names of parents.	Ferdinand Drandel	
Sex, Male or Female, {Cross out the word not }	male	
Age, 9/ Years,	Months, 15 Da	ys.
Color, Lun	hete	
Married, Single, Widow or Widower, Cross ou required	ut the words not a this line.	
Occupation, Letires		
Birth Place, {State or country, and how long in the United States, if of foreign birth.	termany -	
Duration of Residence in the City of Bali	timore, 5 8 years	
Place of Death, {Give Street and }	1407 Harford av	
$\textit{Cause of Death}, \left\{ egin{array}{ll} ext{First (Primary)}, & & & & & & & & & & & & & & & & & & &$	nasarea	
Duration of Last Sickness, All the above information should be furnished by the Physician.	nonths	
Place of Burial, M. Pelers (Eu	colo () // ()	
Date of Burial, Alug 1975	of. J. J. A nuser M.	D
(Undertaker, Heury Loget	Medical Attendant.	
Place of Business, 1023 N Park	ac Address, 1/2/16 Balto, at	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as faf as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Bealth Department, City of Baltimore.
Permit No. 1852 Office of Registrar of Vital Statistics. Ward 14
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 28 th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex. Male or Femule. {Cross on this line}
Sex, Male or Femule, {Cross out the word not }
Age, So Years, Months, Days
Color, 13lack
Married, Stugle, Willow or Willower, {Cross out the words not }
Occupation, Hod Carner
Birth Place, (State or country, and how long in the United States, of foreign birth.)
Duration of Residence in the City of Baltimore, 25 years
Place of Death, (Give Street and) Carlton Street #7
Cause of Death, { First (Primary), Pleurisy, Second (Immediate), Second (Immediate),
Duration of Last Sickness, 3 weeks All the above information should be turnished by the Physician.
Place of Burial, Sharp Il Cerce
Date of Burial, Fint 31 26 Spanon M. D.
(Undertaker. 1. Kla Dunger)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

Address, # 1011 N. moun

Place of Business, 150 Eart S

openial recommend of Physicians is acospectatily invited to the acutains below, and to last of Diseases of Data of this Certificate
Bealth Department, City of Baltimore. [853] Office of Registrar of Vital Statistics DEPARTS 62
office of Legistrar of retail States one.
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate Accurately filled on to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decessed, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 281-1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, { Cross out the word not }
Age, Months, Days
Color, Black-
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Aperical
Place of Death, {Give Street and } Not, 518, Broadway Coult
Cause of Death, { First (Primary), Marashuees Second (Immediate),
Duration of Last Sickness, The Glav - All the above information should be furnished by the Physician.
Place of Burial, Laurel Cometer
Date of Burial, July 31 4 887 1
Undertaker, W W Macaden M. D. Medical Attendant.
Place of Business, 16 Elest & Address, Joo h Broadle of

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Beauth Bepariment	, Oity of Baltimore.	
Permit No. 1857 Office of Registre. The Physician who attended any person in a last illness, is represented to the Undertaker or other person superintending the burial, with requested so to do, under penalty of law.	ear of Vital Statistics. Ward	y filled on sooner,
CERTIFICATE	E OF DEATH.	
Full Name of Deceased, \{\begin{array}{l} \text{Write legibly and spell} \\ \text{correctly. If an Infant} \\ \text{not named, give names} \end{array} \}	Henry . G. Hefort	(ess)
Sex, Male or Female, {Cross out the word not }	Months,	Days
Color,	Mit	
Married, Single, Widow or Widower, {Cross out the work of the work	Poron - Make	1
$Birth\ Place, egin{cases} ext{State or country, and how} \ ext{long in the United States,} \ ext{Duration of Residence in the City of Baltimor} \end{cases}$	germany /	
Place of Death, {Give Street and }		
$Cause \ of \ Death, egin{cases} ext{First (Primary),} & \ & \ & \ & \ & \ & \ & \ & \ & \ & $	ver-heating	•
Duration of Last Sickness,	If Rivers'	
Place of Burial, Ceader glillet	0	
Date of Burial, Angt Production Sundertaker, D. glaste	CA Corke	M. D.
11591 114	ddress, 184 Forta	0

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. Bealth Department, City of Baltimore.

1853 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, July 30, 188,6-, 6
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male ex Female, {Cross out the word not }
Age, Ore Years, eleven Months, Days
Color, Black -
Married, Single, Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } /2/3 / amsk Helly-
Cause of Death, { First (Primary), Coule Bronchits
Duration of Last Sickness, True Cays
Place of Burial, Laurel Cent
Date of Burial, In 3.1 1/887 Charlesto Thispen M. D.
Place of Business, 210 Mulling Address 603 1. Charles 8
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

Permit No. Mealth Department, City of Baltimore.

1856 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled of to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sconer, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

0. 01 1
CERTIFICATE OF DEATH.
Date of Death, all of
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Da
Color, Colored
Married, Single, Willow or Willower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, Second (Immediate), South Second (Immediate), South Second (Immediate), Second (Immediate)
Duration of Last Sickness, Durants
Place of Burial, Such Courts Embery
Date of Burial, 24/43/ 1889 / 889
(Undertaker, 16 ROSS M. M. M. Atlendant.
Place of Business of Wonfortharess, 5/4 Shorts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with twenty-four hours after the death, to the Undertaker or other persons superintending the Barial, a certificate setting forth as far the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cau and date of death.

Poard of Health, City of Baltimore,
Permit No. 1857 BALTH DEFIGE OF REGISTRAR OF VITAL PATISTICS.
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately fill out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, sooner, if requested so to do under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
Date of Death, Sully 30th 1867
Full Name of Deceased, { Write legibly and spell correctly. If an infant pot not named, give names of parents.
Ser Male or Female (Cross on the word not)
Age, One Years, Eight Months, Day Color, White Sex,
Married, Single, Widow or Widower, { Cross aut the words not }
Occupation, Birthplace, State or country (and how) for foreign birth. Birthplace, of foreign birth.
Duration of Residence in the City of Baltimore, Whole life
Duration of Residence in the City of Baltimore, Whole life Place of Death, {Give street and } 5-15 & Pallers on Jack Aven.
Cause of Death, { First (Primary,) Depth from . Second (Immediate,) Copyrulsions.
Duration of Last Sickness, 3 2 Hours with "
Place of Burial, Callerine Centaly - W. Hay
Date of Burial, Aug 12/87
(Undertaker, (INN a) Aus

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Place of Business, 30/ W Betudeway

Section 2. And it be further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certifical setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

and date of death.

Health Department, City	of Baltimore.
Permit No. 1858 Office of Registral of Unital	
The Physician who attended any person in a last fitness, is responsible to out, to the Undertaker or other person superintending the burial within twenty; if requested so to do, under penalty of law.	or the presentation of this Certificate, accurately filled four hours after the death of said deceased, or sooner
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOU	T A PROBER CERTIFICATE.
CERTIFICATE OF	DEATH.
Date of Death, Write legibly and spell Mill Name of Deceased Scorrectly, If an Infant	1881
not named, give names of parents.	an rome
Sex, Male or Female, {Cross out the word not trequired in this line.	Months, Days.
Color. Vears,	nonces, Days.
Married, Single, Widow or Widower, Cross out the words not required in this line.	
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Place of Death, Give Street and \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	doon gre
Cause of Death, First (Primary), The teeth	ne health
Second (Immediate),	nutrano .
All the above information should be furnished by the Physician.	~ 10~007~
Place of Burial, Randlestown Ball 657	5 hrl
Date of Burial, ang 151887	11 Free M. D.
Jundertaker, Je Houghole	Medical Attendant.
Place of Business, 1408 Sem an Addres	88, 603 M. Cary of

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause

Place of Business, 1408

and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. ealth Bepartment, City of Permit No. Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within two by four hours after the beath of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WATBOUT 4 PROPER CERTIFICATE. Date of Death,_ Write legibly and spell correctly. If an Infant not named, give names of parents. Full Name of Deceased, \ Sex, Male or Female, Cross out the word not required in this line. Months. Age, Color, Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore Place of Death, Give Street and Number. Cause of Death, -Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Man Date of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

[OVER.]